

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38993 (2)**

1. Corporation Name
LIBERTY INSURANCE SERVICES ADMINISTRATOR CORPORATION



Principal Place of Business: **2000 WADE HAMPTON BLVD. GREENVILLE SC 29615**
Mailing Address: **P. O. BOX 789 GREENVILLE SC 29602 US**

3. Date Incorporated or Qualified: **05/27/1992**
3a. Date of Last Report: **01/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		57-0935614	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	23. Zip	28	28. Zip	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	24. Country	29	29. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, WILLIAM B.	1.2 NAME	ROSE PORTER B.
STREET ADDRESS	219 LAKE CIRCLE DR.	1.3 STREET ADDRESS	+ PINE FOREST DR
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	GREENVILLE, SC 29601
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONIVAN, DOUGLAS L.	2.2 NAME	Martha R. Rainey
STREET ADDRESS	614 ASHETON WAY	2.3 STREET ADDRESS	2000 Wade Hampton Blvd
CITY-ST-ZIP	SIMPSONVILLE SC	2.4 CITY-ST-ZIP	Greenville SC 29615
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZON, BERNARD C	3.2 NAME	
STREET ADDRESS	2000 WADE HAMPTON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MARTHA G.	4.2 NAME	
STREET ADDRESS	13 QUAIL HILL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN P.	5.2 NAME	
STREET ADDRESS	310 WATER MILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREER SC	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGDEN, RALPH L.	6.2 NAME	HIPP, HAYNE
STREET ADDRESS	519 MCDANIEL AVE.	6.3 STREET ADDRESS	131 HUCKLEBERRY RIDGE
CITY-ST-ZIP	GREENVILLE SC	6.4 CITY-ST-ZIP	GREENVILLE, SC 29609

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martha R. Rainey* Martha R. Rainey 4/18/96 864/609-8280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #